## FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

CAMPAIGN DISCLOSURE BO

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees 2014 OCT 20 AM 9: 51 statements and reports filed by all committees for state office must be filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

COMMITTEE NAME (Must be same as on Statement of Organiz	ation)			
Dani Beschi Committee	9	I	FORM	
IMPORTANT: Indicate by # type of committee you are reporting for:			DR-2	DISCLOSURE
( 1 )Statewide/Legislative/Judge Standing for Potentian Condidate ( 2 )	L-I- DAG (0)0(		Rev. 12/2009)	REPORT
(4) County Central Committee (5) County Candidate (6) City Candidate Subdivision Candidate (8) County PAC (9) City PAC (10) School Boar (11) Local Ballot Issue	(7) Cohool Doord Ott - D III		or Office Use On	h.
11 ) Local Ballot Issue	d of Other Political Subdivision PAC		Comm. #	
CANDIDATE COMMITTEES ONLY:				
Candidate Name Don Besch	Political Party (if applicable)			
055 014	democrat		Computer	
_ Kossuth Co Supervisor	District (if Senate or House)			
Late reports are subject to possible civil and criminal penalties. Pursual candidate's committee, and the chairperson, for any other type of committee.	nt to Iowa Code sections 68B.32A	(7) and 68	8A.401(3), the car	ndidate for a
candidate's committee, and the chairperson, for any other type of committee	nittee, is the individual responsible	for filing t	timely and accura	te reports.
CICNATURE OF REPORT	<u>3/5-583-2353</u> TELEPHONE		10-16-1	14
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SI	GNED
IAM FILING A Oct 19-2014	REPORT FOR (1) ELECTION			
(report date)	Indicate by	/(2)NON-	ELECTION YEA	AR.
CHECK IF AMENDMENT TO REPORT DATED				
		Local Com	mittees, enter Date	e of Election
Check if this is final (termination) report and attach Notice of Dis	solution Form DR-3	NOV	4-2	014
(You must continue to file reports until a DR-3 is filed.)	21. 0.	County & L which Elec	ocal Committees, tion is held	enter County in
			165	suth
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STATEMENT OF CASH ON HAND			N. C.	
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CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first re	f all funds held by the			500 %
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash	f all funds held by the			500 <sup>jg.</sup>
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first re ADD TOTAL MONEY TAKEN IN THIS PERIOD	f all funds held by the on hand at the end port filed.)	\$		500 gg
CASH ON HAND at the beginning of the reporting period. (Total of committee. This amount MUST be the same as the cash of the last reporting period or must be zero if this is first re  ADD TOTAL MONEY TAKEN IN THIS PERIOD  Schedule A: Cash Contributions total (Attach Schedule A	f all funds held by the on hand at the end port filed.)	\$		300 gg
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## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)  On Besch Committee		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF
(MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
7/8/14 9/11/14	ID# CK#/338	Linda Besch 1407 220 Ave Cornilli Ta 50430	(I) C	\$	INCOME
9/11/14	ID# CK# /36 9	Don - Linda Besch 1407 220 Ass Joint acount	Wife Bdf-wife	300	-
	ID#	Concette Ta	Belf-wife	300	
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#			-	
	CK#				
	ID#				
	CK#				
	*		SUB-TOTAL		

TOTAL (if last page of this schedule) \* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no applicable" in the relationship column.

Page familial relationsh (for Schedule A)

SCHEDULE

MONETARY

FOR INSTRUCTIONS, SEE BACK OF FORM

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTE	E NAME (Must be	same as on Statement of Organization)		
Ro				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/8/14	ID# CK# /50/	Kepler and Clark Printing 1012 1st Ave North Fort Dodge, In 50501	Hand outs 1000 Compain vote books	\$ 7/1 -53
8/29/14	Bank auto CK#	Security State bank 1 East State St Box 340 Algona Ta 50511	Bank Service change And Bank Sale Tax 300	3 340
9/15/14	ID# CK# /500	KIGA Radio NRG Box 160 Algona Towa 50511	11 Campain Radio ceds	23/0
196/14	CK# 1502	West Bend Journal 223 S. Bracedway Box 47 West Bend Jour 50597	4 Newspeper campain ads 2- Whittenore 2- West Bend	23/0
197/14	CK# 1503	Algona Publishing Co. 14 E. Nebraska. Bex 400 Algona Ta 50511	3 News paper campain ads 2-Reminder 1- Algora Upper Des Minns	20750
	ID# CK#			
	ID# CK#			
	ID# CK#			
			SUB-TOTAL	\$
			TOTAL (if last page of this schedule)	\$1291.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to

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COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Don Besch Committee		K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
7/22/14	Non Besch 1407 220 Ave Corwith In 50430	Self	Parad Candy	\$ 19-	
8/11/14	Don Besch 1407 220 Ave Corwith To 50430	Se/f	yard sign material	36713	
8/20/14	Don Besch 1407 220 Ave Coneith In 50430	Self	used wire	41 50	
9/10/4	Non Besch 1407 230 Ave Corwith Fa 50420	Self	4 sheet magnet handouts	3813	,
19/4/14	Don Besch 1407 220 Ave Covwill Ja 50430	Se/f	milage 247 x, 39	9633	
Name and Address of the Owner, where		A CONTRACTOR OF STREET	CUR TOTAL		

SUB-TOTAL

TOTAL (if last page of this schedule)

562 100

SCHEDULE

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_of \_\_\_